

CB



This form must be completed in FULL, by the Bands/Corps. One form per entry.

Name of Band/Corps _____

Band/Corps contact _____

Position in Band/Corps _____

Address _____

_____ Post Code _____

Telephone no's _____

Email address _____

CLASS: OPEN* JUNIOR* FREESTYLE*

Name of Conductor/Musical Director* _____

Number in Band / Corps Wind _____ Percussion _____ TOTAL _____

Number of Staff _____ Estimated number of Spectators _____

Additional Information:

Give details of intended transport including equipment trucks / trailers

Do you require space for a Booster Stall? (Space not guaranteed). If so please give details _____

Additional requirements _____

I have read and declare that the above Band / Corps will abide by ALL Contesting Rules in force.

Please return this form to BYBA Central Office, PO Box 546, Barnsley, S70 9BY, along with a cheque, made payable to BYBA, for £30 for EACH unit entered.

DEADLINE 9th JANUARY, 2006.

Signed:

Position:

Date: